Image# 15970310307

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

FEC FORM 3X

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

`12FE4M5`

ACTRIGHT

ADDRESS (number and street) ▼

2029 K STREET NW SUITE 300

☐ Check if different than previously reported. (ACC)

WASHINGTON | DC | 20006 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00488478

3. IS THIS REPORT   ☒ NEW (N)   **OR**   ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On:

☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)

☒ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)

☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)

☐ July 15 Quarterly Report (Q2)

☐ October 15 Quarterly Report (Q3)

☐ January 31 Year-End Report (YE)

☐ July 31 Mid-Year Report (Non-election Year Only) (MY)

☐ Termination Report (TER)

(c) 12-Day PRE-Election Report for the:

☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)

☐ Convention (12C) ☐ Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 02 / 01 / 2015 through 02 / 28 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Brian S Brown

Signature of Treasurer *Brian S Brown* *[Electronically Filed]* Date 03 / 20 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X
Rev. 12/2004

FE6AN026

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

Page **2**

Write or Type Committee Name

ACTRIGHT

Report Covering the Period: From: M M 02 / D D 01 / Y Y Y Y 2015   To: M M 02 / D D 28 / Y Y Y Y 2015

	COLUMN A **This Period**	**COLUMN B** **Calendar Year-to-Date**
6. (a) Cash on Hand January 1, Y Y Y Y 2015		10130.59
(b) Cash on Hand at Beginning of Reporting Period............	7754.93	
(c) Total Receipts (from Line 19)	250.00	800.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)...............	8004.93	10930.59
7. Total Disbursements (from Line 31)...........	39.07	2964.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7965.86	7965.86
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	88283.16	

☐   This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 06/2004)

Page **3**

Write or Type Committee Name

ACTRIGHT

Report Covering the Period: From: M M / D D / Y Y Y Y Y
02 / 01 / 2015

To: M M / D D / Y Y Y Y Y
02 / 28 / 2015

I. Receipts	**COLUMN A** **Total This Period**	**COLUMN B** **Calendar Year-to-Date**
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)............	0.00	455.00
(ii) Unitemized	250.00	250.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)................▶	250.00	705.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)...................................	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c) (Carry Totals to Line 33, page 5) ....▶	250.00	705.00
12. Transfers From Affiliated/Other Party Committees.......................................	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received........................	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)...............	0.00	95.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees....................................	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)............................	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).........▶	250.00	800.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ....▶	250.00	800.00

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3X** (Rev. 02/2003)

Page **4**

II. Disbursements

	COLUMN A Total This Period	**COLUMN B** Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share......................	0.00	0.00
(b) Other Federal Operating Expenditures	39.07	2774.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .... ▶	39.07	2774.73
22. Transfers to Affiliated/Other Party Committees...................................	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.................	0.00	190.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..	0.00	0.00
26. Loan Repayments Made............................	0.00	0.00
27. Loans Made..	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)...................................	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))........... ▶	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.................................	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... ▶	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	39.07	2964.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)... ▶	39.07	2964.73

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)   Page **5**

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	250.00	705.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	250.00	705.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .... ▶	39.07	2774.73
37. Offsets to Operating Expenditures (from Line 15, page 3).............................	0.00	95.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ....▶	39.07	2679.73

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 6 OF 23
	FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Action

Mailing Address 2029 K Street NW
Suite 300

City	State	Zip Code
Washington	DC	20006

Nature of Debt (Purpose):
August use of mailing address, phone, office

Outstanding Balance Beginning This Period
250.00

Transaction ID : SD10.4148

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Action

Mailing Address 2029 K Street NW
Suite 300

City	State	Zip Code
Washington	DC	20006

Nature of Debt (Purpose):
September use of address, phone, office

Outstanding Balance Beginning This Period
250.00

Transaction ID : SD10.4176

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Action

Mailing Address 2029 K Street NW
Suite 300

City	State	Zip Code
Washington	DC	20006

Nature of Debt (Purpose):
October use of mailing address, phone, office

Outstanding Balance Beginning This Period
250.00

Transaction ID : SD10.4178

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	250.00

---

1) **SUBTOTALS** This Period This Page (optional).. ▶ | 750.00

2) **TOTALS** This Period (last page this line number only)..................................... ▶ |

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .... ▶ |

4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶ |

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Action

Mailing Address   2029 K Street NW
Suite 300

City	State	Zip Code	
Washington	DC	20006	

Nature of Debt (Purpose):
November use of mailing address, phone, office

Outstanding Balance Beginning This Period		
250.00		

Transaction ID : SD10.4179

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Action

Mailing Address   2029 K Street NW
Suite 300

City	State	Zip Code	
Washington	DC	20006	

Nature of Debt (Purpose):
December use of mailing address, phone, office

Outstanding Balance Beginning This Period		
100.00		

Transaction ID : SD10.4180

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	100.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Action

Mailing Address   2029 K Street NW
Suite 300

City	State	Zip Code
Washington	DC	20006

Nature of Debt (Purpose):
Mass emails supporting Jorgensen for Congress

Outstanding Balance Beginning This Period		
4357.75		

Transaction ID : SD10.5069

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	4357.75

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1) SUBTOTALS This Period This Page (optional)... ▶		4707.75
2) TOTALS This Period (last page this line number only)....................................... ▶		
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .... ▶		
4) ADD 2) and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶		

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 8 OF 23

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Action

Mailing Address   2029 K Street NW
Suite 300

City   State
Washington   DC

Zip Code
20006

Nature of Debt (Purpose):
Fundraising emails in July

Outstanding Balance Beginning This Period
3606.78

Transaction ID : SD10.5212

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	3606.78

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Mailing Address   209 W Main St

City   State
Plainfield   IN

Zip Code
46168

Nature of Debt (Purpose):
February and March reporting and processing services retainer

Outstanding Balance Beginning This Period
2000.00

Transaction ID : SD10.4181

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Mailing Address   209 W Main St

City   State   Zip Code
Plainfield   IN   46168

Nature of Debt (Purpose):
April retainer for reporting and processing services

Outstanding Balance Beginning This Period
1000.00

Transaction ID : SD10.4190

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00

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1) **SUBTOTALS** This Period This Page (optional).. ▶   6606.78

2) **TOTALS** This Period (last page this line number only)...................................... ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .... ▶

4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 9 OF 23

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Mailing Address   209 W Main St

City	State	Zip Code
Plainfield	IN	46168

Nature of Debt (Purpose):
May reporting and processsing services retainer

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4191

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Mailing Address   209 W Main St

City	State	Zip Code
Plainfield	IN	46168

Nature of Debt (Purpose):
May reporting and processing services and June retainer

Outstanding Balance Beginning This Period

2748.93

Transaction ID : SD10.4192

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2748.93

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Mailing Address   209 W Main St

City	State	Zip Code
Plainfield	IN	46168

Nature of Debt (Purpose):
June reporting and processing services and July retainer

Outstanding Balance Beginning This Period

2767.00

Transaction ID : SD10.4193

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2767.00

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1) **SUBTOTALS** This Period This Page (optional).. ▶   6515.93

2) **TOTALS** This Period (last page this line number only)...................................... ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .... ▶

4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶

FEC **Schedule D (Form 3X)** Rev. 02/2003

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):
October reporting and processing services and November retainer

Mailing Address   209 W Main St

City	State	Zip Code
Plainfield	IN	46168

Outstanding Balance Beginning This Period

307.50

Transaction ID : SD10.4186

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	307.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):
November reporting and processing services and December retainer

Mailing Address   209 W Main St

City	State	Zip Code
Plainfield	IN	46168

Outstanding Balance Beginning This Period

2657.00

Transaction ID : SD10.4185

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2657.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Nature of Debt (Purpose):
December reporting and processing services and Jan retainer

Mailing Address   209 W Main St

City	State	Zip Code
Plainfield	IN	46168

Outstanding Balance Beginning This Period

2465.00

Transaction ID : SD10.4184

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2465.00

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1) **SUBTOTALS** This Period This Page (optional).. ▶ | 5429.50

2) **TOTALS** This Period (last page this line number only)...................................... ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .... ▶

4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 23
	FOR LINE NUMBER: (check only one) 9 ☒ 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Mailing Address   209 W Main St

City	State	Zip Code
Plainfield	IN	46168

Nature of Debt (Purpose):
January reporting and processing services and Feb retainer

Outstanding Balance Beginning This Period
2255.00

Transaction ID : SD10.4233

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2255.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Mailing Address   209 W Main St

City	State	Zip Code
Plainfield	IN	46168

Nature of Debt (Purpose):
Feb reporting and processing/Mar legal and reporting retainer

Outstanding Balance Beginning This Period
2000.00

Transaction ID : SD10.4319

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Mailing Address   209 W Main St

City	State	Zip Code
Plainfield	IN	46168

Nature of Debt (Purpose):
Mar reporting and processing/Apr legal and reporting retainer

Outstanding Balance Beginning This Period
2000.00

Transaction ID : SD10.4374

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2000.00

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1) SUBTOTALS This Period This Page (optional)... ▶	6255.00
2) TOTALS This Period (last page this line number only).. ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .... ▶	
4) ADD 2) and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 23
	FOR LINE NUMBER: (check only one)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Mailing Address   209 W Main St

City	State	Zip Code
Plainfield	IN	46168

Nature of Debt (Purpose):
Legal compliance, bookkeeping, and reporting services in April

Outstanding Balance Beginning This Period

3737.50

Transaction ID : SD10.4702

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	3737.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Mailing Address   209 W Main St

City	State	Zip Code
Plainfield	IN	46168

Nature of Debt (Purpose):
Legal compliance, bookkeeping, and reporting services in May

Outstanding Balance Beginning This Period

2907.50

Transaction ID : SD10.5067

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2907.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Mailing Address   209 W Main St

City	State	Zip Code
Plainfield	IN	46168

Nature of Debt (Purpose):
June administrative and legal services.

Outstanding Balance Beginning This Period

2477.05

Transaction ID : SD10.5569

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2477.05

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1) SUBTOTALS This Period This Page (optional).. ▶		9122.05
2) TOTALS This Period (last page this line number only)....................................... ▶		
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .... ▶		
4) ADD 2) and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶		

FEC **Schedule D (Form 3X)** Rev. 02/2003

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Mailing Address   209 W Main St

City	State	Zip Code
Plainfield	IN	46168

Nature of Debt (Purpose):
Bundling, administrative, legal, and office services

Outstanding Balance Beginning This Period

2077.60

Transaction ID : SD10.5600

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2077.60

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Mailing Address   209 W Main St

City	State	Zip Code
Plainfield	IN	46168

Nature of Debt (Purpose):
Sept. bundling, administrative, legal, and office services

Outstanding Balance Beginning This Period

2067.50

Transaction ID : SD10.5971

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2067.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Mailing Address   209 W Main St

City	State	Zip Code
Plainfield	IN	46168

Nature of Debt (Purpose):
Sept. reporting and processing services and Oct. retainer

Outstanding Balance Beginning This Period

2097.50

Transaction ID : SD10.6485

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	2097.50

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1) **SUBTOTALS** This Period This Page (optional).. ▶   6242.60

2) **TOTALS** This Period (last page this line number only)...................................... ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .... ▶

4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Mailing Address   209 W Main St

City	State	Zip Code	
Plainfield		IN	46168

Nature of Debt (Purpose):
Reporting, bundling, compliance, and admin services in October

Outstanding Balance Beginning This Period

1605.00

Transaction ID : SD10.6817

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1605.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Mailing Address   209 W Main St

City	State	Zip Code	
Plainfield		IN	46168

Nature of Debt (Purpose):
Compliance, reporting, and bundling services in November

Outstanding Balance Beginning This Period

1130.00

Transaction ID : SD10.7051

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1130.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Mailing Address   209 W Main St

City	State	Zip Code
Plainfield	IN	46168

Nature of Debt (Purpose):
Compliance, reporting, bunlding, and administrative services in Dec 2013

Outstanding Balance Beginning This Period

1235.00

Transaction ID : SD10.7356

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1235.00

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1) **SUBTOTALS** This Period This Page (optional)... ▶   3970.00

2) **TOTALS** This Period (last page this line number only)...................................... ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .... ▶

4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ActRight Compliance Services

Nature of Debt (Purpose):
Compliance and administrative services in January

Mailing Address   209 W Main St

City Plainfield   State IN   Zip Code 46168

Outstanding Balance Beginning This Period
854.20

Transaction ID : SD10.7717

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	854.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ActRight Compliance Services

Nature of Debt (Purpose):
Legal, processing, reporting, and admin services in February

Mailing Address   209 W Main St

City Plainfield   State IN   Zip Code 46168

Outstanding Balance Beginning This Period
1238.00

Transaction ID : SD10.8465

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1238.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ActRight Compliance Services

Nature of Debt (Purpose):
Legal, bundling, and administrative services

Mailing Address   209 W Main St

City Plainfield   State IN   Zip Code 46168

Outstanding Balance Beginning This Period
1038.00

Transaction ID : SD10.8513

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1038.00

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1) **SUBTOTALS** This Period This Page (optional)................................ ▶ 3130.20

2) **TOTALS** This Period (last page this line number only)..................... ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .... ▶

4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Mailing Address   209 W Main St

City — Plainfield   State — IN   Zip Code — 46168

Nature of Debt (Purpose):
Bundling, administrative, compliance services for May 2014

Outstanding Balance Beginning This Period
1228.50

Transaction ID : SD10.9028

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1228.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Mailing Address   209 W Main St

City — Plainfield   State — IN   Zip Code — 46168

Nature of Debt (Purpose):
Bundling, administrative, compliance services for June 2014

Outstanding Balance Beginning This Period
1305.25

Transaction ID : SD10.9248

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1305.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Mailing Address   209 W Main St

City — Plainfield   State — IN   Zip Code — 46168

Nature of Debt (Purpose):
Bundling, administrative, compliance services in July 2014

Outstanding Balance Beginning This Period
925.00

Transaction ID : SD10.9401

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	925.00

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1) **SUBTOTALS** This Period This Page (optional).. ▶   3458.75

2) **TOTALS** This Period (last page this line number only)...................................... ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .... ▶

4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Mailing Address   209 W Main St

City	State	Zip Code
Plainfield	IN	46168

Nature of Debt (Purpose):
Compliance and administrative services for July 2014

Outstanding Balance Beginning This Period		**Transaction ID : SD10.9615**
925.00		

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	925.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Mailing Address   209 W Main St

City	State	Zip Code
Plainfield	IN	46168

Nature of Debt (Purpose):
Compliance and administrative services for August 2014

Outstanding Balance Beginning This Period		**Transaction ID : SD10.9911**
1677.50		

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1677.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Mailing Address   209 W Main St

City	State	Zip Code
Plainfield	IN	46168

Nature of Debt (Purpose):
Compliance and administrative services for September 2014

Outstanding Balance Beginning This Period		**Transaction ID : SD10.10393**
1845.50		

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1845.50

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1) **SUBTOTALS** This Period This Page (optional)... ▶ | 4448.00

2) **TOTALS** This Period (last page this line number only).. ▶ |

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .... ▶ |

4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶ |

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Mailing Address   209 W Main St

City	State	Zip Code
Plainfield	IN	46168

Nature of Debt (Purpose):
Compliance and administrative services for October 2014

Outstanding Balance Beginning This Period

3210.00

Transaction ID : SD10.10392

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	3210.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Mailing Address   209 W Main St

City	State	Zip Code
Plainfield	IN	46168

Nature of Debt (Purpose):
Legal, administrative, bundling services in Dec.

Outstanding Balance Beginning This Period

840.00

Transaction ID : SD10.10866

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	840.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Mailing Address   209 W Main St

City	State	Zip Code
Plainfield	IN	46168

Nature of Debt (Purpose):
Legal, administrative, bundling services in Jan.

Outstanding Balance Beginning This Period

1387.00

Transaction ID : SD10.10917

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1387.00

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1) SUBTOTALS This Period This Page (optional).. ▶ 5437.00

2) TOTALS This Period (last page this line number only)...................................... ▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .... ▶

4) ADD 2) and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Compliance Services

Mailing Address   209 W Main St

City	State	Zip Code
Plainfield	IN	46168

Nature of Debt (Purpose):
Legal, administrative, bundling services in Jan 2015

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.10919

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
785.00	0.00	785.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Fund

Mailing Address   2029 K St NW
Suite 300

City	State	Zip Code
Washington	DC	20006

Nature of Debt (Purpose):
Fundraising emails in July 2013

Outstanding Balance Beginning This Period

5024.60

Transaction ID : SD10.5208

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	5024.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Mailing Address   209 W Main St

City	State	Zip Code
Plainfield	IN	46168

Nature of Debt (Purpose):
April legal services retainer

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4198

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00

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1) SUBTOTALS This Period This Page (optional).. ▶   6809.60

2) TOTALS This Period (last page this line number only)...................................... ▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .... ▶

4) ADD 2) and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Mailing Address 209 W Main St

City Plainfield   State IN   Zip Code 46168

Nature of Debt (Purpose):
May legal services retainer

Outstanding Balance Beginning This Period
1000.00

Transaction ID : SD10.4199

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Mailing Address 209 W Main St

City Plainfield   State IN   Zip Code 46168

Nature of Debt (Purpose):
June legal services retainer

Outstanding Balance Beginning This Period
1000.00

Transaction ID : SD10.4200

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Mailing Address 209 W Main St

City Plainfield   State IN   Zip Code 46168

Nature of Debt (Purpose):
July legal services retainer

Outstanding Balance Beginning This Period
1000.00

Transaction ID : SD10.4201

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00

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1) **SUBTOTALS** This Period This Page (optional).. ▶   3000.00

2) **TOTALS** This Period (last page this line number only).. ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .... ▶

4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Mailing Address   209 W Main St

City	State	Zip Code	
Plainfield		IN	46168

Nature of Debt (Purpose):
August legal services retainer

Outstanding Balance Beginning This Period
1000.00

Transaction ID : SD10.4202

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Mailing Address   209 W Main St

City	State	Zip Code	
Plainfield		IN	46168

Nature of Debt (Purpose):
September legal services retainer

Outstanding Balance Beginning This Period
1000.00

Transaction ID : SD10.4203

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Mailing Address   209 W Main St

City	State	Zip Code
Plainfield	IN	46168

Nature of Debt (Purpose):
October legal services retainer

Outstanding Balance Beginning This Period
1000.00

Transaction ID : SD10.4204

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00

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1) SUBTOTALS This Period This Page (optional).. ▶   3000.00

2) TOTALS This Period (last page this line number only)...................................... ▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .... ▶

4) ADD 2) and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Nature of Debt (Purpose):
November legal services retainer

Mailing Address   209 W Main St

City	State	Zip Code
Plainfield	IN	46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4205

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Nature of Debt (Purpose):
December legal services retainer

Mailing Address   209 W Main St

City	State	Zip Code
Plainfield	IN	46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4206

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ActRight Legal Foundation

Nature of Debt (Purpose):
March legal services retainer

Mailing Address   209 W Main St

City	State	Zip Code
Plainfield	IN	46168

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4196

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00

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1) SUBTOTALS This Period This Page (optional)... ▶ | 3000.00

2) TOTALS This Period (last page this line number only)....................................... ▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) .... ▶

4) ADD 2) and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
ACTRIGHT

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Barry A Bostrom

Nature of Debt (Purpose):
Legal services in January

Mailing Address   2524 N 8th Street

City	State	Zip Code
Terre Haute	IN	47804

Outstanding Balance Beginning This Period

1000.00

Transaction ID : SD10.4194

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Paul Bothwell

Nature of Debt (Purpose):
Administrative services July 2011 - March 2012

Mailing Address   606 S. Taylor St.

City	State	Zip Code
Arlington	VA	22204

Outstanding Balance Beginning This Period

5400.00

Transaction ID : SD10.4230

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	5400.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City	State	Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

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1) **SUBTOTALS** This Period This Page (optional)... ▶   6400.00

2) **TOTALS** This Period (last page this line number only)...................................... ▶   88283.16

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .... ▶   0.00

4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶   88283.16